

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

\$915.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **316990**

1. Corporation Name

FENNEL ORCHID COMPANY, INC.

FILED

97 MAY 29 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2690 S.W. 27 AVENUE
SUITE 100
MIAMI FL 33133

2690 S.W. 27 AVENUE
SUITE 100
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1967

5. FEI Number

59-1167205

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	FENNEL, THOMAS A III	2650 SW 27 AVE.	MIAMI FL 33133
SD	BROWN, MORRIS C	222 LAKEVIEW AVE., STE. 800	WEST PALM BEACH FL 33401

600002199916--8
-05/03/97-01066-016
****575.00 ****575.00
600002199916--8
-05/03/97-01066-017
****340.00 ****340.00

305-461-3700

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FENNEL, THOMAS A III
3635 DOUGLAS ROAD
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas A. Fennell

REGISTERED AGENT MUST SIGN

Date

MAY 12 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas A. Fennell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2 1997

305-461-3700

Date

Daytime Phone #

CR2E040 (7/96)